

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Sandbox Daycare Center      Date: 11/21/24      Time: 12:20

Location Address: 4 Nubby Rd. Danbury      Telephone #: 203-791-9000

e-mail address: sandbox@gmail.com      License #: 15678      Expiration Date: 1/31/25

Capacity: 42/24      # of Children Present: 14/11      # of Staff Present: 5

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: Follow up on safe sleep

**Observations/Corrections needed:**

7:2      in compliance today

5:1

4:1

**S = Substantiated      NS = Not Substantiated      P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: [Signature]  
(OEC Representative)

Print Name: Kim Morgan

Signature: [Signature]

Print Name: Patricia Witharas  
(Person in Charge)